

COUNSELING AND DIAGNOSTIC CENTER

7426 US Highway 42 STE 106, Florence, KY 41042 Phone: (859) 282-0119 Fax: (859) 282-8018

Contractual Agreement

THIS AGREEMENT, made and entered into on _____, by and between Gallatin County Schools and the Counseling and Diagnostic Center, LLC.

The Counseling and Diagnostic Center hereby agree to administer psychological evaluations which include records review, teacher interview, behavioral observation, and assessment in the area of intelligence and emotional functioning (if needed). Financial consideration for the cost of performance of this agreement will be provided at this rate of \$310 for psychological testing and integrated report, \$100 for consultation/counseling services. The assessment will be in compliance with Kentucky Administration Regulations and IDEA certifying children with disabilities. The examiner will be responsible for administering each complete evaluation and writing a report in a form such that composite data are reported in standard scores. The report will include (1) behavioral observation during testing, (2) an interpretation of test data in narrative form, (3) test data and, (4) recommendations.

Test kits and protocols will be supplied by Counseling and Diagnostic Center. Used protocols are regarded as property of the examiner. Typing and photocopying are the responsibility of the examiner. Services will be evaluated on an ongoing basis by all parties involved. Counseling and consultative services will be provided to all designated students as requested by the Special Education Director.

Examiners are to submit a bill at the end of every month listing names of students evaluated, and the total amount due. Payment is to be made within 30 calendar days thereafter. No reimbursement will be provided for travel.

Either party may terminate this contract upon thirty (30) calendar day notice.

A termination notice is to be presented in written form to the other contracting party. Testing will end upon notice of termination. All evaluations, reports, and final bill must be submitted within this thirty (30) calendar day period.

If either party deems that additional testing is needed in order to provide an appropriate evaluation, that party may request this addition assessment and therefore, it may be performed according to a mutually agreed upon financial consideration.

Thomas C. Noyes, PhD

Licensed Clinical
Psychologist
Licensed Marriage and
Family Therapist

**Micah Noyes, MA, LPCC,
LCADC**

Licensed Professional
Clinical Counselor
Licensed Clinical Alcohol
and Drug Counselor

H. Greg Merrill, LCSW

Licensed Clinical Social
Worker

Michelle Smith, LCSW

Licensed Clinical Social
Worker

K. Joann Renner, PhD

Licensed Clinical
Psychologist

Sydney Harvey, LPCC

Licensed Professional
Clinical Counselor

Pamela Dickerson, LCSW

Licensed Clinical Social
Worker

**Rebecca Elliston, LCSW,
LCADC, RYT**

Licensed Clinical Social
Worker
Licensed Clinical Alcohol
and Drug Counselor
Registered Yoga Teacher

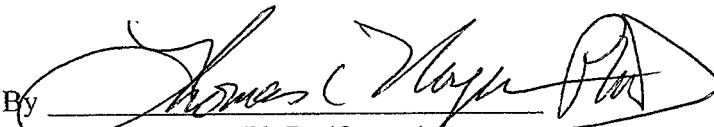
www.cdenky.com

E-mail:

CDCAADMIN@CDENKY.COM

If the school system should challenge particular results, then the system is still responsible for financial payment to the examiner. The school system, however, will retain the right to choose how the evaluation is used, whether or not they want the same examiner to evaluate further, according to the aforementioned provision for additional testing, or whether they prefer to engage another examiner for an independent evaluation.

In witness whereof, the parties have executed this agreement in duplicate originals one of which is retained by each of the parties the day and year first written above.

By 
Thomas C. Noyes, Ph.D. (Owner)
Licensed Number KY-129621

By _____
Gallatin County Schools Representative